

Proposed Lead Hazard Control Activities					* Total Units To Be Completed and Cleared		0
Activity	Who Will Perform This Activity (Name or Agency/Organization)	Number of Units	Housing Tenure			Estimated Timeline to Complete Work	Estimated Per Unit Cost (\$)
			Owner Occupied	Rental	Vacant		
* Identification, Selection, Prioritization of Units (Referrals)		0	0	0	0		0.00
* Intake/Enrollment		0	0	0	0		N/A
* Financing (Grant, Loan, Other)		0	0	0	0		N/A
* Pre-Hazzard Control Blood Lead Testing		0	N/A	N/A	N/A		0.00
* Paint Inspections/Risk Assessments		0	0	0	0		0.00
* Laboratory Analysis of Samples		0	N/A	N/A	N/A		0.00
* Work Specifications		0	N/A	N/A	N/A		0.00
* Bid Process/Contractor Selection		0	N/A	N/A	N/A		0.00
* Temporary Relocation		0	0	0	N/A		0.00
* Interim Controls		0	0	0	0		0.00
* Hazard Abatement		0	0	0	0		0.00
* Quality Control-Contractor Performance		0	N/A	N/A	N/A		N/A
* Clearance Evaluations		0	N/A	N/A	N/A		0.00
* Maintenance Plan-Unit Follow Up		0	N/A	N/A	N/A		N/A
* Community Outreach/Education		N/A	N/A	N/A	N/A		N/A
* Training		N/A	N/A	N/A	N/A		N/A

Activity:

*Identification, Selection, Prioritization of Units (Referrals) This should be a higher number than the number of units that are projected to be completed and cleared by the program

Who Will Perform This Activity: Applicant Agency, Partner Organization, Contractor, Grassroots Faith-Based or Community-Based Non-Profit Organization.

Number of Units: Number of units to receive program services.

Housing Tenure: Number of units to receive program services according to housing tenure status (i.e. owner occupied, renter occupied, vacant)

Estimated Time to Complete Work for each unit: Hours, days, weeks required to complete an activity

Estimated Unit Cost: Self explanatory